

40199

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1 Federal Agency and Organizational Element to Which Report is Submitted	2 Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page 1 of 1 pages
United States Environmental Protection Agency	BG95490513	

3 Recipient Organization (Name and complete address including Zip code)
Florida Department of Environmental Protection, 3900 Commonwealth Boulevard, Tallahassee, FL 32399-3000

4a DUNS Number	4b EIN	5 Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6 Report Type	7 Basis of Accounting
809-395 690	59-6007353	AIR13, 3RCRA, PWS13 JIC13 & 10613	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual

8 Project/Grant Period (Month, Day, Year)	9 Reporting Period End Date (Month, Day, Year)
From: 10/1/2012 To: 9/30/2013	09/30/2013

10 Transactions	Cumulative
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(Use lines a-c for single or combined multiple grant reporting)

Federal Cash (To report multiple grants separately, also use FFR Attachment):

a Cash Receipts	14,545,379
b Cash Disbursements	14,545,379
c Cash on Hand (line a minus b)	0

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d Total Federal funds authorized	14,545,379
e Federal share of expenditures	14,545,379
f Federal share of unliquidated obligations	0
g Total Federal share (sum of lines e and f)	14,545,379
h Unobligated balance of Federal funds (line d minus g)	0

Recipient Share:

i Total recipient share required	34,210,602
j Recipient share of expenditures	34,210,602
k Remaining recipient share to be provided (line i minus j)	0

Program Income:

l Total Federal share of program income earned	0
m Program income expended in accordance with the deduction alternative	0
n Program income expended in accordance with the addition alternative	0
o Unexpended program income (line l minus line m or line n)	0

Indirect Expense	a Type	b Rate	c Period From	Period To	d Base	e Amount Charged	f Federal Share
	Fixed	varies between state fiscal years	10/1/2009	9/30/2013	38,543,633.56	13,073,750.21	3,336,027.27
					g Totals	38,543,633.56	13,073,750.21
							3,336,027.27

12 Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a Typed or Printed Name and Title of Authorized Certifying Official	c Telephone (Area code, number, and extension)
Maria L. Laycock, Finance & Accounting Director II	(850) 245-2453
b Signature of Authorized Certifying Official	d Email Address
<i>Maria L. Laycock</i>	Maria.Laycock@dep.state.fl.us
	e Date Report Submitted (Month, Day, Year)
	12/31/2013

Financially Closed - Processed at LVH

Deobligated \$

By: *6-5* On: *1-2-14*PO Copy: *Betty W. [unclear]*

Standard Form 425 - Revised 10/11/2011

OMB Approval Number: 0348-0061

Expiration Date: 2/28/2015

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page 1 of 1 pages
United States Environmental Protection Agency	BG95490514	

3. Recipient Organization (Name and complete address including Zip code)
Florida Department of Environmental Protection, 3900 Commonwealth Boulevard, Tallahassee, FL 32399-3006

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting
809395690	59-6007353	AIR14, 4RCRA, PWS14, UIC14 & 10614	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual

8. Project/Grant Period (Month, Day, Year)	9. Reporting Period End Date (Month, Day, Year)
From 10/1/2013 To 9/30/2014	09/30/2013

10. Transactions	Cumulative
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(Use lines a-c for single or combined multiple grant reporting)

Federal Cash (To report multiple grants separately, also use FFR Attachment):	
a. Cash Receipts	14,628,191
b. Cash Disbursements	14,628,191
c. Cash on Hand (line a minus b)	0

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	14,628,191
e. Federal share of expenditures	14,628,191
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	14,628,191
h. Unobligated balance of Federal funds (line d minus g)	0

Recipient Share:	
i. Total recipient share required	35,159,754
j. Recipient share of expenditures	35,159,754
k. Remaining recipient share to be provided (line i minus j)	0

Program Income:	
l. Total Federal share of program income earned	0
m. Program income expended in accordance with the deduction alternative	0
n. Program income expended in accordance with the addition alternative	0
o. Unexpended program income (line l minus line m or line n)	0

11. Indirect Expense	a. Type	b. Rate	c. Period From	d. Period To	e. Base	f. Amount Charged	g. Federal Share
Fixed	varies between state fiscal years	10/1/2013	9/30/2014	32,531,251.10	13,557,155.00	3,606,298.76	
Totals					32,531,251.10	13,557,155.00	3,606,298.76

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number, and extension)
John Fortier, Finance & Accounting Director II	(850) 245-2458
b. Signature of Authorized Certifying Official	d. Email Address
<i>John Fortier</i>	John.Fortier@dep.state.fl.us
	e. Date Report Submitted (Month, Day, Year)
	12/29/2014

Financially Closed - Processed at LVFC

Unobligated

On

NO Copy

Standard Form 425 - Revised 10/11/2011

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Expiration Date: 2/28/2015

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FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted United States Environmental Protection Agency		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) BG95490515		Page of 1 1	
3. Recipient Organization (Name and complete address including Zip code) Florida Department of Environmental Protection, 3900 Commonwealth Boulevard, Tallahassee, FL 32399-3000					
4a. DUNS Number 509396690	4b. EIN 59-6007353	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) AIR15, 5RCRA, PWS15, UIC15 & 10615		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Project/Grant Period (Month, Day, Year) From: 10/1/2014 To: 9/30/2015		9. Reporting Period End Date (Month, Day, Year) 09/30/2015			
10. Transactions (Use lines a-c for single or combined multiple grant reporting) Federal Cash (To report multiple grants separately, also use FFR Attachment):					
a. Cash Receipts				14,494,339.00	
b. Cash Disbursements				14,494,339.00	
c. Cash on Hand (line a minus b)				0.00	
(Use lines d-o for single grant reporting)					
Federal Expenditures and Unobligated Balance:					
d. Total Federal funds authorized				14,494,339.00	
e. Federal share of expenditures				14,494,339.00	
f. Federal share of unliquidated obligations				0.00	
g. Total Federal share (sum of lines e and f)				14,494,339.00	
h. Unobligated balance of Federal funds (line d minus g)				0.00	
Recipient Share:					
i. Total recipient share required				24,433,212.00	
j. Recipient share of expenditures				24,433,212.00	
k. Remaining recipient share to be provided (line i minus j)				0.00	
Program Income:					
l. Total Federal share of program income earned				0	
m. Program income expended in accordance with the deduction alternative				0	
n. Program income expended in accordance with the addition alternative				0	
o. Unexpended program income (line l minus line m or line n)				0	
11. Indirect Expense		a. Type Predetermined	b. Rate varies between state fiscal years	c. Period From 10/1/2014	d. Base 25,679,515.00
				e. Amount Charged 9,964,073.00	f. Federal Share 3,456,474.00
				g. Totals	25,679,515.00 9,964,073.00 3,456,474.00
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:					
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)					
a. Typed or Printed Name and Title of Authorized Certifying Official John Fortier, Program Administrator				c. Telephone (Area code, number, and extension) (850) 245-2458	
				d. Email Address John.Fortier@dep.state.fl.us	
b. Signature of Authorized Certifying Official <i>John Fortier</i>				e. Date Report Submitted (Month, Day, Year) 12/29/15	

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